

### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 9:46 am, Sep 19, 2014

#### INTOX EC/IR II MAINTENANCE REPORT REPORT #3 Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. INTOX EC/IR II SN NAME OF AGENCY DATE OF INSPECTION 12824 Union Police Dept. 09/09/2014 LOCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION 119 S. Church St. Union 17:24 CDT CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument. X DIAGNOSTIC RECORD X BLANK CHECK X CO2 CHECK X FC 1 TEMP X FLOW CHECK X SRC TEMP X FCB CHECK X DET TEMP X CRC COMP CHECK X BT TEMP X CRC CAL CHECK X STD 2 TEMP X PRINT TEST X ETH CHECK BREATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE X STANDARD SUPPLIER AG414702 LOT# EXP. DATE 05/27/2016 ISIMULATOR TEMP (34°C +0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 " 0.101 g/210L TEST 2 : 0.101 q/210L TEST 3 . 0.100 q/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 0-.04 .05-.09 .10-.14 .15-.19 OVER .19 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

TAPPE, RODNEY  TYPE II PERMIT NUMBER  TAPPE, RODNEY  TELEPHONE NUMBER  240138  04/03/2016  (636) 583-3700	INSPECTING OFFICER	
240126 NUMBER		PRINT FULL NAME

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services, Southeast District Office, 2875 James Blvd, Poplar Bluff, MO



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

<u>Customer Name</u> Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 30-May-2014

Lot # AG414702

Exp. Date 27-May-2016 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2014.05.30 15:33:09 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

# **RODNEY T TAPPE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE4/3/2014	wante	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 240138	Darl Vasterly	
EXPIRES 4/3/2016	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	
IAO 580-0771 (6-10)	LAB-4 (R6-10)	



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

### INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a



Operator

Permit No 240138

Date Issued 4/3/2014 Date Expires 4/3/2016